## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	ng the Patent, advance on nerwise in Block 1, by (a	ders and notification of a) specifying a new con	maintenance fees respondence address	will be mailed to the currents; and/or (b) indicating a se	nt correspondence address as parate "FEE ADDRESS" for		
7055 GREENBLUM	7590 04/20 I & BERNSTEIN CLARKE PLACE		Fe pa ha	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
			Γ	manned to the obt	. 10 (3/1) 2/3 2003, Of the	(Depositor's name)		
						(Signature)		
						(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/581,551 TITLE OF INVENTION	04/12/2007 : FLUORESCENT PRO	TEIN	Atsushi Miyawaki		P30056	5047		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	JE FEE TOTAL FEE(S) DU	JE DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/20/2011		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	٦				
KIM, ALEXANDER D		1656	536-023100	<b></b>				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			* ***					
recordation as set fort (A) NAME OF ASSI- RIKEN MEDICAL & BIO	h in 37 CFR 3.11. Com <sub>j</sub> GNEE D <b>LOGICAL LABORA</b>	ified below, no assignee pletion of this form is NO  ATORIES CO., LTD.  r categories (will not be properties)	T a substitute for filing at (B) RESIDENCE: (CI SAITAMA, JA AICHI, JAPA	in assignment.  TY and STATE OR  PAN  N	COUNTRY)	group entity Government		
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Hb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form).					
	ns SMALL ENTITY stat	us. See 37 CFR 1.27.			ALL ENTITY status. See 37			
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte ates Pate <b>nt</b> and Trademarl	d from anyone other that c Office.	n the applicant; a re	gistered attorney or agent; or	the assignee or other party in		
Authorized Signature		jerlagel	42,920	Date	July 7, 2011			
This collection of inform an application. Confider submitting the complete this form and/or suggest	nation is required by 37 ( stiality is governed by 35 d application form to the ions for reducing this buotings are also be of the constant of	CFR 1.311. The information of U.S.C. 122 and 37 CFR e USPTO. Time will varieties should be sent to the	y depending upon the in se Chief Information Off	or retain a benefit by estimated to take 12 dividual case. Any of icer IIS Patent an	the public which is to file (and the public which is to file (and the mount of days and the mount of days and the mark Office, U.S. D.	and by the USPTO to process) ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,		

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 (571)-273-2885

or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

naintenance fee notifica	tions.	· · · · · · · · · · · · · · · · · · ·				parate "FEE ADDRESS" for		
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bl	ock I for any change of address)	N Fe pa	ote: A certificate of ee(s) Transmittal. Thi apers. Each additiona	mailing can only be used s certificate cannot be used l paper, such as an assignm of mailing or transmission	for domestic mailings of the for any other accompanying nent or formal drawing, must		
7055	7590 04/20		116					
GREENBLUM	1 & BERNSTEIN.	P.L.C.	_	Certificate of Mailing or Transmission				
1950 ROLAND	CLARKE PLACE		I S	hereby certify that th tates Postal Service v	is Fee(s) Transmittal is bei with sufficient postage for f	ng deposited with the United		
RESTON, VA 2	0191		ac	idressed to the Mail	Stop ISSUE FEE addres	ng deposited with the United irst class mail in an envelope as above, or being facsimile date indicated below.		
			Γ	ansinued to the OSI	10 (371) 273-2883, on the	(Depositor's name)		
			F			(Signature)		
						(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/581,551	10/581,551 04/12/2007		Atsushi Miyawaki		P30056	5047		
TITLE OF INVENTION	I: FLUORESCENT PRO	TEIN						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	JE DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/20/2011		
EXAN	MINER	ART UNIT	CLASS-SUBCLASS					
	XANDER D	1656	536-023100					
1. Change of correspond	lence address or indication	n of "Fee Address" (37	2. For printing on th	e patent front page, li	st	lesse & Barmatain D.I.C.		
CFR 1.363).	condence address (or Ch	ange of Correspondence	(1) the names of up or agents OR, altern	to 3 registered pater	it attorneys	lum & Bernstein, P.L.C.		
Address form PTO/S	oondence address (or Cha B/122) attached.	inge of correspondence	(2) the name of a single firm (having as a member a 2					
"Fee Address" inc PTO/SB/47; Rev 03- Number is required	dication (or "Fee Address 02 or more recent) attach	"Indication form ed. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.					
3. ASSIGNEE NAME A	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or	type)				
PLEASE NOTE: Ur recordation as set for	lless an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the Ta substitute for filing	e patent. If an assign an assignment.	nee is identified below, the	document has been filed for		
(A) NAME OF ASS		•	(B) RESIDENCE: (CI					
RIKEN			SAITAMA, JA					
MEDICAL & BI	OLOGICAL LABOR	ATORIES CO., LTD.	AICHI, JAPA	N				
Please check the approp	riate assignee category o	r categories (will not be p	rinted on the patent):	Individual Z C	orporation or other private	group entity Government		
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (I	Please first reapply a	ny previously paid issue f	ee shown above)		
Issue Fee			A check is enclose					
☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies ☐ Advance Order - # of Copies ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any								
Advance Order -	# of Copies			eby authorized to cha eposit Account Numb		deficiency, or credit any e an extra copy of this form).		
5. Change in Entity St	atus (from status indicate	ed above)						
	ns SMALL ENTITY stat				LL ENTITY status. See 37			
NOTE: The Issue Fee a interest as shown by the	nd Publication Fee (if rec records of the United St	quired) will not be accepte ates Patent and Trademar	ed from anyone other that k Office.	an the applicant; a reg	istered attorney or agent; o	r the assignee or other party in		
Authorized Signatur	. Sean My	genlagre	42,920	Date	July 7, 2011			
Typed or printed name Bruce Bernstein				Registration	No. <b>29,027</b>			
This collection of infor	mation is required by 37	CFR 1.311. The informati	ion is required to obtain	or retain a benefit by	the public which is to file (	and by the USPTO to process)		
an application. Confide	ntiality is governed by 3	5 U.S.C. 122 and 37 CFR	1.14. This collection is	estimated to take 12	minutes to complete, inclu	ding gathering, preparing, and time you require to complete		

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.